

ALABAMA STATE BOARD OF PUBLIC ACCOUNTANCY
PO Box 300375, Montgomery, AL 36130-0375
(334) 242-5700
Application For Certificate by Reciprocity

Mr.
1. Mrs. _____, hereby apply for
Ms.

S.S.# _____

waiver of the examination requirements as provided in the Public Accountancy Act of 1973, and issuance of a certificate as a Certified Public Accountant. I am a Certified Public Accountant of _____

holding Certificate No. _____, issued _____, year _____, which certificate is active, in good standing and in full force and effect. I hold reciprocal C. P. A. certificate(s) issued by the following jurisdictions (List all C. P. A. reciprocal certificates you have received, showing certificate number, date issued and jurisdiction. If, in addition to the original C. P. A. certificate previously identified, you also have received other certificates as a result of passing the Uniform C. P. A. Examination in other States, so indicate and list certificate numbers, dates, and States.)

I am familiar with the Public Accountancy Act of 1973, Rules and Regulations, the code of professional ethics promulgated by the Board and the instructions accompanying this application. As a condition of this application I pledge full observation of said law, Board rules and regulations, and code of professional ethics.

If any of the answers to the following questions be false, or if I be guilty of non-disclosure of material information in making this application, I hereby disqualify myself ipso facto. If any false statement or material non-disclosure remains undiscovered by the Board until a Certified Public Accountant's certificate has been issued to me, I hereby agree to surrender and forfeit the certificate and to deliver it to the Executive Director of the Board upon demand being made therefor.

I enclose herewith the required fees.

1. Full name _____

2. Residence address _____
(Number and Street) (City) (State) (Zip) (Phone No.)

3. Date and place of birth _____

4. Are you a citizen of the United States by birth? _____ By naturalization? _____

5. If not a U. S. citizen, have you declared your intention of becoming a citizen? _____ (Evidence of such declaration must be submitted with this application.)

6. Present employer _____ Position I Hold _____

7. Business address _____
(Number and Street) (City) (State) (Zip) (Phone No.)

8. Education – List all colleges or universities attended and dates of attendance; also give titles and dates of degrees received and major field of study.

Note – If you sat for the CPA Examination for the first time after January 1, 1995, and you do not have five years of public accounting experience since you were certified you are required to order your transcripts from your school(s). Official college or university transcripts must be sent directly to this Board from the school. No copies will be accepted.

Name _____

S.S.#: _____

9. Employment – Set forth a continuous record of ALL employments and occupations of whatsoever description, since graduation from college, giving full names and dates. Do not fail to give complete present mailing addresses. Attach additional sheet(s) if needed.

10. What was the date(s) you sat for the uniform C. P. A. examination? Date(s): _____

Place _____ Results _____

11. Have you ever had a C. P. A. certificate or other professional or vocational license suspended or revoked by this or any other State or foreign country? _____ If so, give full particulars in a letter attached.

12. Have you ever had a bonding company cancel or reduce a bond on you or refuse to issue you a bond? _____

If so, what company? _____

13. Have you ever resigned or been discharged from employment under charges? _____ If so, give full particulars in a letter attached.

14. Have you ever been convicted of a felony or misdemeanor (other than a minor traffic violation) or declared by any court of competent jurisdiction to have committed any fraud? _____ If so, give full particulars in a letter attached.

15. Have you ever been expelled or disciplined by a college or university? _____ If so, give full particulars in a letter attached.

I agree to appear in person, if requested, at a time and place fixed by the Board or furnish any additional information requested of me, for the purpose of aiding the Board in determining my qualifications.

I certify under penalty of perjury that all statements, answers and representations made in the foregoing application, including all supplementary statements, are true and accurate and that I have not suppressed any information that might affect this application.

Date: _____ Signature: _____

Subscribed and sworn to before me, a Notary Public for the State of _____

on this the _____ day of _____ year of _____.

NOTARY
SEAL

Notary Public